

Entered - 02-09-01 - sb
CL 01L0107 - GWENDOLYN BURNS


CLAIM OF:

JOHN E. MCDONALD, JR.
560 Twin Springs Road
Atlanta, Georgia 30327

01- R -0953

For vehicular damages alleged to have been sustained from a construction cut in the roadway that was left open and in an unsafe condition on January 8, 2001 between 801 and 797 Mt. Paran Road, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: 

ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0107

Date: June 15, 2001

Claimant /Victim JOHN E. MCDONALD, JR.
BY: (Atty) (Ins. Co.) _____
Address: 560 Twin Springs Road, Atlanta, Georgia 30327
Subrogation: _____ Claim for Property damage \$ 416.14 Bodily Injury \$ _____
Date of Notice: 1/23/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 1/8/01 Place: Between 801 & 797 Mt. Paran Road, NW
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a construction cut in the roadway that was not properly covered and left in an unsafe condition. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

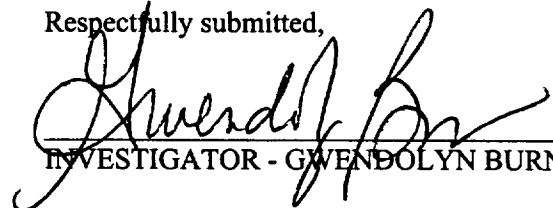
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

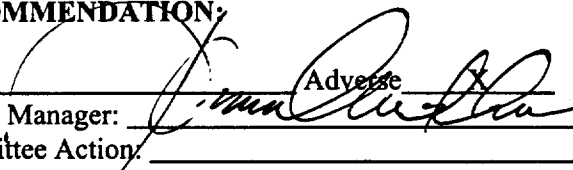
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-15-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: January 18, 2001

Dear Municipal Clerk:

JAN 23 2001

ENTERED - 2-9-01 - SB
01L0107 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 416.14 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 01/08/01 (month/day/year) 2. Time of Incident: 5:30 AM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): MT. PARN ROAD, 0.1 MILES WEST OF THE INTERSECT. WITH JETT ROAD
5. Name of your insurance company: FIREMAN'S FUND Policy No. YZA 1232 27 73
6. State what and how incident occurred: PLEASE SEE ATTACHED.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: HONDA ACCORD 1999 EKN-711 JOHN E. McDONALD, JR.
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: EMILY & CATHY McDONALD 560 TWIN SPRINGS RD, ATLANTA 404-843-0250
(Name) (Address) 30327 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

John E. McDonald Jr.
Signature of Claimant

JOHN E. McDONALD, JR.
(Print Claimant's Name)

560 TWIN SPRINGS ROAD
(Address)

ATLANTA, GA 30327
(City, State and Zip Code)

404-843-1495 404-843-0250
(Work Number) (Home Number)

01-R-0953